HAWAII EARLY INTERVENTION COORDINATING COUNCIL

Quarterly Meeting August 26, 2020

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	Oʻahu	Zoom Meeting
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MINUTES

Members Present: Bobbie-Jo Moniz-Tadeo (Chair), Kerrie Urosevich (Vice-Chair), Kimberly Allen, Daintry Bartoldus, Verna Chinen

(Designee), Brandon Cole, Bonyen Colunga, Kehau Golis, Chris Jackson (Designee), Nagisa Kimura, Representative Bertrand

Kobayashi, Brianna Levy, Douglas Mersberg, Leah Muccio, Mavis Okihara (Designee), Amy Tamashiro, Sharon Thomas

Members Absent: Ku'ulei Arceo, Senator Jarett Keohokalole, Bernadette Lane, Dayna Luka, Danette Wong Tomiyasu

Ex-Officio: Charlene Robles, Patricia Heu

Guest: Iwalani Campman, Luke Kusumoto, Rosie Rowe, Aldric Ulep

Staff: William Aakhus, Aya Aoki, Michelle Matsuoka, Ian Tholen

TOPIC	DISCUSSION	DECISION/ FOLLOW-UP
1. Call to Order	Chair, Dr. Moniz-Tadeo, called the meeting to order at 9:03 a.m.	
	a. IntroductionsParticipants introduced themselves.	
	b. Review Agenda Agenda reviewed. No additions or comments.	
	c. Review Minutes from May 27, 2020 Quarterly Meeting Jackson had a correction on p.7 under her comment on items that can be funded through the Hawaii Resilience Fund. Change from 'books' to 'diapers', i.e. more essential supplies. Minutes were reviewed and approved.	Aoki to edit the minutes and post the final version on HEICC website.

2. Leadership in Disabilities and Achievement of Hawaii (LDAH)

Rosie Rowe, Executive Director [Refer to LDAH slides]

Leadership in Disabilities and Achievement of Hawaii (LDAH) is a parent information and training center for the state of Hawaii under IDEA (Individuals with Disabilities Education Act). There are approximately 100 such centers in the nation. LDAH also serves as a parent information and training center for the Pacific islands, including Guam, Palau, American Samoa and others.

Rowe shared that they have two main intervention areas: special education and advocacy – outreach and training - and school readiness – preparing for kindergarten -.

LDAH has an extensive network of providers supporting children ages 0-5 and started a School Readiness (preparing for kindergarten) program in 2009. The program was initially funded by Aloha United Way, currently funded by Kamehameha Schools (KS), covering Oahu and Hawaii Island. This year, LDAH has widened the target child age range from 2-5 to 0-8. Within last year, LDAH also conducted screenings in Kauai, Lanai, and Molokai, through an additional grant. LDAH is sharing the data with KS, as they are also concerned about children being not ready for school. This year in their grant proposal to OSEP (Office of Special Education Programs), they have included statewide coverage of the program, not limiting it to Oahu and Hawaii Island.

The School Readiness program also includes follow-up support and case management after screening. Their goal is to coordinate services provided by medical home through family support. This coordination is important as LDAH has been seeing the same children referred at younger ages referred again as they grow older, indicating that families were not able to follow-through in connecting with services.

The Special Education and Advocacy program is supporting parent outreach and education, including reaching out to those who are not certain if their children should be screened or not. Previously, they offered a mobile resource fair/consultation support - traveling mini conference. Under the COVID-19 situation, LDAH has switched to a virtual on-line parent training and platform for communication (https://ldahilearningworks.org/), which helped them continue with screening, communication and support with parents. Choosing the appropriate

	learning model for their children and getting information from DOE have been challenging for many parents during the COVID-19 period. Currently, they are in communication with DOE on a weekly basis and using Parent Talk Café as one of the venues to communicate with parents. Parent Talk Café is hosted by LDAH every Friday from 1-3pm (https://ldahawaii.org/whats-coming-up/). The first part, 'Parents as Teachers', is to find out what parents need to know as teachers for their children and how they can provide support. Through this process, LDAH found that parents prefer to use the chat function, rather than being on video to share and discuss. The second part of the Café is 'Topic of the Week', for example, this week's topic is 'Developing an IEP' regarding how to receive special education through virtual learning. Based on earlier discussions with HEICC Executive Committee, LDAH will be dedicating Parent Talk Café in the month of October to early learning, developmental screening, health and education. LDAH leadership is discussing how to collaborate with Part C in both the Parent Talk Café and School Readiness program. Rowe will be reaching out to Robles for follow-up. Rowe shared that under the COVID-19 situation, LDAH is supporting parents in the usage of ASQ (Ages and Stages Questionnaire) kits. They adjusted the parent consent form for screening, so that the information can be shared with referral destinations, including DOH. Robles welcomed this adjustment so that EI can receive direct referrals based on the ASQ results, along with pediatricians, not to delay the process. Urosevich appreciated LDAH's work, today's sharing and their recent updates on data collection and sharing. Bartoldus asked when is the next traveling mini conference? Rowe responded that it will be on October 16, 2020 and this will be a virtual resource fair.	Robles and Rowe to follow-up on EI direct referral based on ASQ and October Parent Talk Café.
3. Early Intervention Section Update	a. Part C Update – Charlene Robles [Refer to Early Intervention Section Update] Robles shared that Part C grant for FFY 20 (July 1, 2020 – June 30, 2021) was awarded for \$2,333,044 – at the same level from the previous year.	

b. Budget

- 1) Due to COVID-19 pandemic, a temporary 10% budget restriction on all FY21 (July 1, 2020 June 30, 2021) general and special funds appropriations are in place. Aakhus explained that this restriction is temporary, i.e. it does not affect other years than FY21. He also shared that this restriction applies across the board in DOH. Previously, the EIS budget was typically treated as 'non-discretionary', i.e. exempt from such budget restrictions, but due to the current COVID-19 affected budget situation, no program is exempt. He understands that Purchase of Service (POS) contract programs are currently working to submit proposals on this 10% reduction in their budget to EIS. Robles shared that EIS had a meeting with POS agencies to inform them and to problem-solve this matter.
- 2) State hiring freeze is still in place.

c. Positions

Robles shared that the current overall vacancies remain around the same percentages reported in the last quarter.

d. State Systemic Improvement Plan (SSIP)

Robles shared that EIS started the SSIP process in 2013 and has been in implementation stage under four workgroups – professional development, fiscal/staffing, fiscal/telepractice, and data for program improvement. SSIP activities and reporting are required by the OSEP. She shared updates from workgroups. Refer to the EIS section updates. Robles shared that all workgroups are currently adjusting action plans, in response to COVID-19 development. Initially, SSIP activities have been implemented in four demonstration sites (Demo Sites), while several SSIP activities such as telepractice, are now being implemented statewide.

Regarding Fiscal/Staffing workgroup, Aoki reported that the workgroup has recently compiled and analyzed EI staff retention data, which includes: (i) EI staff retention for both DOH and POS staff in current positions; (ii) retention across the Hawaii EI system (as some staff move over to different positions or programs); (iii)

how many staff have left EI between FY19-20 (overall program, demo sites, neighbor islands); and (iv) retention by discipline (FY19, FY20). She shared that the workgroup is currently discussing the implications of the analysis and results and how to apply the findings in developing recruitment and retention strategies, along with the vacancy and staffing survey data shared earlier.

e. Initiatives and Activities

1) Response to COVID-19

- After the initial stay home order by Governor Ige, EIS DOH staff were required to return to office. EIS developed Safe Practices guidelines for the office. This was shared as a sample with POS executives to develop their own guidelines.
- Developed in-person visit guidelines with a Task Force which includes Executives from POS and Behavior Support Services agencies.
- Updating Temporary Procedural Guidelines for COVID-19, as needed.

2) Re-opening

- EIS has been operating and delivering services throughout the COVID-19 period, so re-opening refers to resuming in-person visits. As of now, the target date has moved from September 1, 2020 to October 1, 2020, which will be closely monitored and adjusted as needed.
- Developed and distributed EI Guidance for In-Person Visits, Letters to Families and Service Delivery Questionnaire for families (delivery methods, barriers for accessing telepractice services).
- Robles shared additional data that is being captured during COVID-19. The data showed a decline in referrals between April and May with an increase to the previous year (2019) level in June. This may be due to public awareness-raising efforts done during April and May, including a posting about EI services in the American Academy of Pediatrics, Hawaii Chapter newsletter.
- Additional data shared included partial MDEs (Multi-Disciplinary Evaluation)
 completed, how families are currently receiving services, how many families
 have put EI services on hold, families with no access to necessary equipment,
 and number of IFSPs.
- Robles explained that as part of preparation for resuming in-person visits, EIS is gathering information from the current EI families on how they would like to

receive services (in person, video-conference, phone or combined) and what are their barriers for receiving services.

Urosevich inquired if EIS has a digital flyer for distribution. Robles shared that the EI services flyer exists in a digital format, while this is not specific to the COVID-19 response. Rowe suggested any documentation on EI services during this COVID-19 time would be helpful for parents and she is willing to disseminate information. She also offered to help develop such a document, if needed.

Urosevich revisited the question of why the majority of EI referrals has been through pediatricians and limited referrals have been made through other providers and partners. She shared that this has been an on-going area to be explored, regardless of COVID-19. Robles shared that the distribution of referral sources is reported under HEICC Dashboard, while we cannot tell the reasons behind.

Moniz-Tadeo inquired if push back of in-person visits to October 1, 2020 is applicable to all islands, not just Oahu? Robles explained that the target date is for statewide, with the understanding that there are county differences, with lower COVID-19 cases on Kauai and highest numbers on Oahu. She reminded that EIS needs to keep in mind that neighbor island programs would also involve programs and staff based on the same island to deliver services. Therefore, all EI service providers on the island needs to be prepared and ready to provide in-person visits. Another consideration is to ensure consistent and mindful communication with families from different counties.

Regarding the reasons why families are putting EI services on hold and how families would like to receive EI services moving forward, Robles invited EI providers who are present at the meeting to share their experience. Kusumoto shared that the number one reason why families are holding the service for Easterseals programs is because they do not feel comfortable with telepractice services and they want in-person. The second highest reason is due to conflicting priorities, including multiple children from households being on distant learning. Easterseals programs are discussing how best to provide care coordination support to check-in with families. The third reason for services being on hold is due to no contact (i.e., program cannot contact families and/or no response). Kusumoto shared that these factors were not the typical reasons that the program speculated, such as language barriers or lack of equipment/resources.

Robles/Aoki to share documents on EI services with HEICC members, to be disseminated to their networks of providers and parents. Consult with Rowe as necessary. Mersberg shared about geographic differences in three EI programs he oversees – programs are doing well in Waipahu and Wahiawa, while it has been challenging to engage families in Waianae, especially in the COVID-19 period. He concurred with Kusumoto's observation in terms of families facing competing priorities, which may explain why Waianae families may be facing deeper challenges.

Moniz-Tadeo shared that for IMUA Family Services in Maui County, they experienced a decline in referrals in April, however increased back by July. She agreed with Kusumoto's feedback that families are trying to respond to multiple needs, such as caring for all children at home with no childcare available. She shared that there are only 20 or so families which suspended EI services since COVID-19 and most families are continuing services via telepractice. She commented that IMUA program is trying to work with those families that suspended services to get back on EI.

Regarding the additional data shared by Robles, Kusumoto asked the reasons for families being on hold after referrals and prior to IFSP development, as Easterseals programs are facing the same issue. Anecdotally, he is receiving feedback from Care Coordinators that it has been difficult to receive paperwork back from families and to move on after the Intake process towards IFSP development. Robles refereed to the data which indicates families being on hold after Intake, prior to MDE, and acknowledged the challenges of documents being mailed back and forth and obtaining necessary signatures from parents, while families face all kinds of life requirements and challenges. She shared some problem-solving ideas that were discussed earlier, such as mailing the forms first and following-up with telepractice sessions to request parents sign the documents while discussing, driving-by after telepractice explanation, etc. Kusumoto suggested to minimize the Intake process, limiting the number of items to cover minimum requirements.

Moniz-Tadeo concurred and shared that they have tried the 'curb-side' method (i.e., following telepractice Intake meeting, staff waits for family with an envelope with all necessary documents with post-it for signatures). This did not work very well and now they are trying the 'drive-by' method with staff driving by the family's home right after the telepractice session. She agreed that they are not receiving documents back by mail.

Rowe commented that this information explains why LDAH has received increased calls from parents who are not receiving their services and are not communicated as to the future of services being reinstated. These are varying from not liking telehealth to no one has contacted me about my child's services. Urosevich commented with the COVID-19 perspective of being endemic for the next year, two, or longer, we all need to adjust to the situation creatively and simplify the process to allow services for children and families as much as we can, within the tight federal requirements and restrictions. Robles concurred and requested council members and guests to share their experiences, ideas, and suggestions since ultimately, EIS wants to reach out to families and deliver necessary services.

Golis shared that in Head Start and Early Head Start programs, they have created a power point parent orientation with voice-over recording, explaining to parents the necessary documents and signature requirements. This also made sure that the same messages were delivered across the two islands in which they are operating. With this initiative, they saw better results, with more parents returning documents in full. Thomas commented that clear and consistent communication is key.

3) Data System

Continuing to build the system with Harris and EIS has begun developing training guides. EIS made a number of procedural and billing adjustments during COVID-19, which posed additional needs to ensure that updates are reflected in the new data system.

f. Program Measures Dashboard with Complaint Summary

[Refer to HEICC Program Measures at A Glance Dashboard and Early Intervention Section handouts]

Robles shared that this data period covers April – June 2020 and data representation may not be accurate due to the changes that were needed during COVID-19. She shared the Measure #4 Referral Agents, in response to the earlier comment by Urosevich regarding low rates EI referrals by non-pediatrician or parents.

	Urosevich asked when ASQ or other screening information becomes available to partner agencies, do they refer directly to EIS or to pediatricians? Thomas commented that the general practice seems to be when screening results indicate concerns, they tend to be referred to pediatricians first. Urosevich suggested that in terms of system development, referrals should go to both pediatricians and EIS to provide more opportunities to be serviced. Jackson shared that for Head Start and Early Head Start programs, the practice has been to recommend to families to consult their pediatrician first, when the program finds any concerns. Jackson commented that it will take a more systematic support to raise awareness and equip those programs in dual-referral practice (i.e. referral to both pediatrician and EIS). Heu shared the DOH developmental screening guideline link. https://health.hawaii.gov/cshcn/files/2018/04/HawaiiDevelopmentalScreeningGuidelines.docx Urosevich requested DOH to PDF the guideline document, to prevent from being edited.	
3. Council Business	a. Legislative Update – Kerrie Urosevich, Patricia Heu The legislative sessions ended on July 10, 2020. Urosevich shared that the following bills have passed in this year's session. Governor has authority to veto until August 31, but these are likely to pass. SB 126 – allows DHS to provide grants to the childcare industry to help with the COVID-19 crisis. Allocated \$15 million from the CARES Act funding on childcare and preschools to be spent by the end of the year. Mechanism to disburse funding needs to be developed. HB2543 – rapid expansion of preschool for children ages 3 - 4 years. HB2258 – bans suspension and expelling of preschool children. For the upcoming legislature, Heu shared that DOH Children with Special Needs Branch is submitting three administrative bills for next year's session. These are all in early stage of internal scrutiny: 1. Related to Newborn Hearing Screening (NBHS) – mandates reporting of diagnostic audiological results, to help referral to services.	

- 2. Related to hearing and vision program amends the hearing and vision program statute, which is currently focused on school, to increase the early identification of children with hearing or vision loss by establishing consistent protocols for hearing and vision screening and follow-up, screener training, and data collection for quality improvement.
- 3. Proposes an increase in marriage license fees to support birth defect programs.

b. Early Learning Board – Kerrie Urosevich, Chris Jackson

Urosevich and Jackson shared on behalf of the Early Learning Board (ELB) that the recent focus has been: 1. To restore seven positions to support public pre-K programs that were in danger of being cut, and 2. Back-to-school – what it looks like.

On Executive Office on Early Learning (EOEL) personnel changes, an Education Specialist position to oversee early learning system development has lost funding and needs to be re-funded. The EOEL Policy Director took another position in DOE and is leaving. Lauren Moriguchi announced that she will step down from the director's position. EOEL was previously managed under the Governor's office but is now changed to under DOE.

c. **HEICC Priorities Update** – Kerrie Urosevich

[Refer to HEICC Priorities handout]

Urosevich shared that Executive Committee discussed 1) how to update HEICC priorities, 2) how to potentially restructure the council meetings to generate more solutions to issues from member expertise and input and 3) how to intentionally engage families in HEICC. Urosevich shared that she and Moniz-Tadeo will discuss the draft with Robles, Aoki, and Executive Committee members then, will share the draft for discussion at the next council meeting in November.

Moniz-Tadeo requested if council members have any feedback on HEICC priorities, meeting structure, or family engagement to share them with her and Urosevich.

Moniz-Tadeo and Urosevich to discuss the revised HEICC priority document with Robles, Aoki, and Executive Committee members, in preparation for the next quarterly meeting in November.

Council members to share any feedback/recommendations on HEICC priorities, meeting structure, and/or family engagement with Moniz-Tadeo and Urosevich.

	d. HEICC/Exec Committee Appointment and Vacancies
	Aoki appreciated everyone joining the Council meeting today and welcomed two new council members Allen and Cole. She thanked Chinen, Jackson, and Okihara for representing their agencies as designees.
	She reported that EIS is in the process of requesting two legislative members, whose terms have expired. She shared an appreciation of support provided by Representative Kobayashi over the past years.
	All second term applications are in and under process by the Boards and Commissions (B&C). She shared that there is one parent application under review by the B&C and, if approved, will share the details with the council members. Longer term representatives need to be identified for the Insurance Division, EOEL, and DOE-SPED preschool. Aoki will be following-up individually.
	Moniz-Tadeo and Robles joined Aoki in thanking all partners for participating and supporting EIS and HEICC in these challenging times.
5. Public Comment	No public comment
6. Announcements	No announcement
7. Future Meeting	The next Quarterly Meeting will be on November 18, 2020, 9am – 12pm.
8. Adjourn	Meeting was adjourned at 11:22am.